

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033118

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

2419

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clayton

Length of stay in 1b
D.O.A.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Louis County Hsp.

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Mo.

St. Louis

c. CITY
OR TOWN

Glencoe R #1

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

Wild Horse Creek Rd.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
GeorgeMiddle
JosephLast
Davis4. DATE
OF DEATHMonth
Aug.Day
18Year
19625. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6-12-199. AGE (last birthday)
43IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY
Suburban Conc.11. BIRTHPLACE (City and state or country)
Columbia, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ike Davis

13b. MOTHER'S MAIDEN NAME

Amy Montgomery

14. NAME OF HUSBAND OR WIFE

Grace A. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or unknown) (If yes, give dates of service)

Yes

WW #2

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Grace A. Davis-Wild Horse Creek Rd.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basilar skull fracture

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Passenger - 1 car accident

20c. TIME OF
INJURY
2:15 a.m. 8/18/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
highway

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis Missouri

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond H. Hand

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

8/23/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-21-1962

23c. NAME OF CEMETERY OR CREMATORY

Fee Fee Cemetery

23d. LOCATION (City, town, or county)

Bridgeton, Missouri

(State)

24. FUNERAL DIRECTOR

BAUMANN BROS. INC. FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

8-20-62

26. REGISTRAR'S SIGNATURE

John E. Murphy Ind.

2504 WOODSON ROAD

OVERLAND, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.